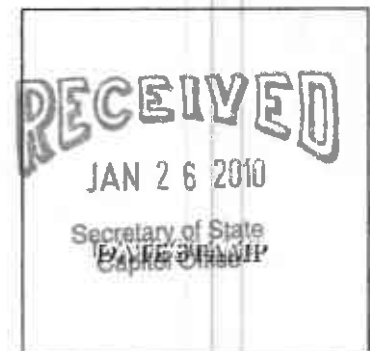


Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name Dannie Reed
Full Address 401 College Street
Telephone 662-285-7747 (Fax) _____
E-mail electdanniereed@yahoo.com
Office Sought H-Dist. 35 Political Party Rep.

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	1500	\$ 1500
Total amount of disbursements	\$	965	\$ 965
Total amount of cash on hand	\$	4183 ⁶⁴	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Dannie Reed

Date Jan 26, 2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Dannie Reed

Page

1 of 1

Reporting period

1-1-09

through

12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	<u>Choctaw Chronicle</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 1009</u>	<u>1/23/09</u>	\$ <u>223.00</u>
City, State, Zip Code	<u>Acferman MS. 39735</u>	<u>12/10/11</u>	\$ <u>313.00</u>
Purpose of Disbursement (Optional)	<u>Political Advertisement</u>	Aggregate Year-to-date	\$ <u>536.00</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/11</u>	\$
City, State, Zip Code		<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Dannie Reed

Page

1

of

1

Reporting period

1-1-09

through

12-31-09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suez Energy Inc.</u>		<u>12/15/09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1990 Post Oak Blvd.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Houston, Texas 77056</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>1/12/09</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 61270</u>		<u>12/11/09</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code <u>Phoenix, Az. 85082-1270</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>900⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A.T. & T. Employees</u>		<u>12/17/09</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>175 E Capitol St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Landmark Center Jackson 1151 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required) <u>Self PAC</u>		Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$